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For information

# COUNTRY NOTE**

## Chad

SUMMARY

The Executive Director presents the country note for Chad for a programme of cooperation for the period 2001 to 2005.

## THE SITUATION OF CHILDREN AND WOMEN

1. At the beginning of the 1990s, after 30 years of war, Chad initiated a pluralist and democratic process with the establishment of a constitutional regime. The Government ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and it gradually increased the proportion of resources allocated to the social sectors (10 per cent in 1997). The recent adoption of an act regulating the use for the benefit of the social sectors of the resources expected to accrue from the extraction of oil, combined with the good prospects for debt reduction, ought to enable Chad to come close to the goals of the 20/20 initiative. Despite these positive developments, Chad still occupies 171st place among the

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* E/ICEF/2000/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

174 countries on the Human Development Index. Its population, estimated at 7.5 million in 1999, continues to grow at the rapid rate of 3.1 per cent a year. More than 58 per cent of its citizens are aged under 18. The gross domestic product is small (an estimated $173 per capita in 1997). Many families still live below the poverty line (54 per cent in 1996). Democracy remains fragile, and there are hotbeds of military tension in the north and south of the country.

2. An analysis of the situation shows that the rates of access to and use of basic services are low. According to the 1997 demographic and health survey, only 27 per cent of the population has access to clean drinking water, the rate of vaccination for diphtheria, pertussis and tetanus is 24 per cent, and the rate of use of oral rehydration salts is 29 per cent. Over 57 per cent of households live more than five kilometres away from a health centre. The high incidence of diseases such as diarrhoea, measles, acute respiratory infection and malaria, combined with a precarious nutritional situation (more than 40 per cent of under-fives have retarded growth) explain the declining but still high rates of infant mortality (103 per 1,000 live births in 1997, compared with 132 in 1993) and infant/juvenile mortality (194 per 1,000 in 1997, compared with 222 in 1993). Over 52 per cent of women marry young (before the age of 16). The maternal mortality rate is high (827 per 100,000 live births). Its causes are frequent, early, closely spaced and late pregnancies. The obstetrical services are limited and little used (24 per cent of births are attended by a qualified person). Genital mutilation remains a widespread practice. The incidence of HIV/AIDS, estimated at 4 per cent in 1998, is increasing rapidly.

3. Despite a sustained commitment on the part of parents, school attendance by the 6-14 age group remains low. In 1998 the gross attendance rate was 75 per cent for boys but only 40 per cent for girls. For girls, the repeat and drop-out rates were 29 and 25 per cent respectively. The reasons for this situation are the small number of schools, the traditions which impede school attendance by girls (who spend two to eight hours a day carrying water and collecting firewood), and the poor quality of the teaching. Less than 1 per cent of young children have access to a preschool programme, and 75 per cent of women are illiterate.

4. Advocacy was initiated with decision-makers and civil society following the ratification of the Convention on the Rights of the Child. It was accompanied by a programme for the reintegration of children requiring special protection and child soldiers. The first results are telling: the number of child soldiers fell from 3,000 to 1,000. However, the country's legislation is not strong enough to combat and prevent child labour. As a result of family break-ups and poverty, the number of street children (estimated at 15,000) has risen.

5. Despite its limited resources, especially qualified human resources, the Government is showing an increasing determination to improve the situation of children and women. On the occasion of the submission of Chad's initial report on the implementation of the Convention on the Rights of the Child, the Committee welcomed the Government's objectivity and noted the establishment of an operational monitoring machinery and of the Children's Parliament. It also drew attention to the defects of the national coordination arrangements for

activities to benefit children and the lack of means of monitoring their situation.

## LESSONS DRAWN FROM THE RECENT EXPERIENCE OF THE PROGRAMME

6. The mid-term review revealed the significant results achieved by the programme. Although at the national level the vaccination rate was only 24 per cent, it rose from 20 to 50 per cent in the areas covered by the programme. The consumption of iodized salt reached 55 per cent. The number of cases of dracunculiasis fell from 1,231 to three between 1994 and 1998. The programme contributed to the formulation of national policies in informal basic education, communication, and grass-roots participation. It helped to establish 14 juvenile chambers in the courts. In the priority intervention area the gross school attendance rate for girls rose from 46 to 53 per cent. The programme enabled 8,400 women to learn to read and write, provided for the drinking water needs of 108,500 persons, and secured the family reintegration of 1,200 children requiring special protection. The creation in 10 subprefectures of multisectoral technical teams responsible for the formulation and implementation of development plans helped to make the decentralization strategy effective and demonstrated the efficiency of decentralized and participatory activities.

7. These results were due to a partnership with the development agencies and to the coherence of the chosen strategies. For the 2000-2005 country programme the review therefore recommended strengthening the decentralization and community-empowerment strategies, systematizing the multisectoral approach by targeting the biggest villages, retaining the principle of better access to good-quality essential social services, and consolidating the activities which made women leading partners in the programme.

8. The review also showed that the framework operational plan was too ambitious, that the recurrence of epidemics and natural disasters were impeding the conduct of the activities, and that the weak implementation capacity of the national agencies was delaying the development of the programme's innovative approaches.

## STRATEGIES PROPOSED FOR THE COUNTRY PROGRAMME

9. The formulation of the new programme was coordinated by the Planning Ministry in conjunction with the other ministries, the United Nations agencies, and the other development partners. It was guided by: (a) the new guidelines contained in the Outline National Plan 1998-2005, which focused on the fight against poverty; (b) the National Declaration on policies for integrating women in development; (c) the two Conventions; (d) the UNICEF medium-term plan and Global Agenda; (e) the policy of reducing the gap between the needs of the poorest families and the supply of services; and (f) the search for increasing complementarity with the other donors and sister agencies, especially within the framework of the reform of the United Nations system (preparation of the common country assessment, harmonization of programming cycles, and formulation of the United Nations Development Assistance Framework.

10. By working for the recognition and exercise of the rights of children and women the country programme will help to achieve the national goals for the survival, protection, development and participation of children: (a) reduction of the infant mortality rate from 103 to 82 per 1,000 live births; (b) reduction of the infant/juvenile mortality rate from 194 to 145 per 1,000 live births; (c) reduction of the maternal mortality rate from 827 to 662 per 100,000 live births; (d) guaranteed access to good-quality basic education for 80,000 children, adolescents and women; and (e) promotion of the implementation of and respect for the two Conventions.

11. These goals will be achieved by implementing the following strategies: (a) advocacy of the exercise of the rights of children, adolescents and women; (b) improved access to good-quality essential services, with targeting of the poorest families; (c) institution-building (the State, NGOs, and civil society); (d) grass-roots empowerment, particularly for women; (e) integration of the sectoral programmes in such fields as hygiene, early childhood, nutrition, and HIV/AIDS; and (f) collaboration with the development partners, United Nations agencies, the World Bank, the European Union, bilateral donors, and NGOs.

12. The country programme will be of national scope for the capacity-building and advocacy activities and will target a priority intervention area consisting of 10 subprefectures and five towns with a total of 2.3 million inhabitants (29 per cent of the population) for the activities connected with decentralization, empowerment of families, and improved access to a package of basic services. The choice of zones is based on the following criteria: continuation of the approach initiated in the 1996-2000 cooperation cycle; and extension of the activities to people not covered in the priority zones. The country programme has three sectoral and three cross-cutting programmes.

13. The health and nutrition programme will help to increase the availability of and access to good-quality primary health care for 1.4 million people and to improve knowledge and behaviour with regard to health and hygiene. At the national level it will support the efforts to combat and prevent the main avoidable childhood diseases and help to eradicate poliomyelitis and reduce the incidence of problems connected with micronutrient deficiencies. It will support the national reproductive health strategy with respect to the fight against maternal mortality, communication for health, and grass-roots participation, as well as helping to combat HIV/AIDS in young people and reduce its transmission from mother to child. In the priority intervention zones it will address the continued effort to revitalize services and upgrade their quality, the introduction of the integrated approach to the care of sick children, and the reduction of malnutrition.

14. The basic health and early childhood programme will intervene in the priority area and thus contribute to the attainment of the national objectives. It will aim to: (a) increase the gross school attendance rate from 65 to 80 per cent and reduce the gap between boys and girls; (b) cut the illiteracy rate from 65 to 55 per cent; (c) improve the quality of teaching, and (d) improve the survival, protection and development of 20 per cent of the children aged eight and under by facilitating the incorporation of health, nutrition, protection and education activities in a system of community training. The programme's main axes will be the education of women and girls,

the education of parents, and the promotion of the intersectoral approach, with the participation of associations of parents and families.

15. The water, sanitation and hygiene programme will intervene in the priority action area in order to: (a) reduce the incidence of diseases connected with water and sanitation; and (b) reduce the daily work time spent by women and girls carrying water and collecting firewood. To this end the programme will use lower-cost techniques to supply water to 280,000 persons and promote improved latrines and reforestation activities. The schools will be one of the priority channels for disseminating knowledge about hygiene. The programme will also contribute to the completion of the process of eradicating dracunculiasis.

16. The programme on decentralization and monitoring of vulnerable groups is the locomotive of the programme of cooperation. It is the guarantee of long-term UNICEF support and the foundation of the intersectoral approach. It is designed to: (a) support the implementation of the national policy of decentralization and grass-roots empowerment in the priority intervention area; (b) contribute to national capacity-building for the formulation of social policy; (c) develop machinery for monitoring the situation of children and women on the basis of the integrated monitoring and evaluation plan; and (d) support the grass-roots initiatives and the national efforts to reintegrate vulnerable groups needing special protection.

17. The advocacy and social mobilization programme is intended to: (a) promote knowledge about and implementation of the Conventions; and (b) contribute to the implementation of the national policy of communication for development. By means of an integrated social mobilization plan it will encourage the adoption of appropriate behaviour for the survival, protection and development of children and will support the communication and social mobilization strategies of the sectoral programmes. Its implementation will rely on the use of rural radio at the national level and on the multisectoral technical teams and village leadership cells.

18. The intersectoral support programme will be responsible for part of the staff and operating costs. It will develop management procedures and machinery to deal with the inherent difficulties of Chad's landlocked situation and a strategy for mobilizing additional resources.

BUDGET ESTIMATE

Budget estimate for the programme of cooperation, 2001-2005 a/
(in thousands of United States dollars)

| | Regular resources | Regular resources | Total |
|---|---|---|---|
| Health and nutrition | 2 270 | 4 400 | 6 670 |
| Basic education and early childhood | 2 810 | 3 100 | 5 910 |
| Water, sanitation and hygiene | 1 470 | 2 600 | 4 070 |
| Decentralization and monitoring of vulnerable groups | 2 520 | 2 600 | 5 120 |
| Advocacy and social mobilization | 1 740 | 850 | 2 590 |
| Intersectoral support | 1 394 | 400 | 1 794 |
| Total | 12 204 | 13 950 | 26 154 |

a/ These figures are indicative and subject to change once the aggregate figures are known.

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